

SURVEYOR MINIMUM QUALIFICATION TEST (SMQT) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. What percentage of weight loss in six months is considered severe?**
 - A. Greater than 5%
 - B. Greater than 7.5%
 - C. Greater than 10%
 - D. 5% to 10%
- 2. Should ABHS be used in food service?**
 - A. No
 - B. Yes
 - C. Only in specific areas
 - D. Only if approved by management
- 3. What is the survey process based on?**
 - A. Evidence-based practices and community feedback
 - B. Person-centered care and resident-centered outcomes
 - C. Hospital protocols and health regulations
 - D. Operational efficiency and hospital ratings
- 4. How do you calculate the medication error rate?**
 - A. $\text{Number of errors} / \text{opportunities} \times 100$
 - B. $\text{Total number of doses given} / \text{number of errors} \times 100$
 - C. $\text{Number of correct doses} / \text{total doses} \times 100$
 - D. $\text{Number of patients served} / \text{number of errors} \times 100$
- 5. Who does Medicaid primarily provide services for?**
 - A. Low-income students and their families
 - B. Elderly individuals only
 - C. Low-income, needy elders and specific vulnerable groups
 - D. Unemployed individuals seeking job training
- 6. What does severity level 2 indicate in terms of noncompliance?**
 - A. Minor issues that do not impact residents
 - B. Noncompliance that can cause more than minimal harm but is not immediate jeopardy
 - C. Severe violations that lead to immediate resident harm
 - D. Noncompliance that only affects staff performance

- 7. What areas are reviewed for residents who are non-interviewable?**
- A. Advanced directives, medical history, therapy needs
 - B. Pressure ulcers, dialysis, infections
 - C. Medication management, family contact, socialization
 - D. Pain management, mental health, caregiver support
- 8. What principle emphasizes the importance of plain language in documentation?**
- A. Cross-referencing
 - B. Interpretive guidelines
 - C. Using plain language
 - D. Onsite correction of findings
- 9. Can the identity of an interviewee be revealed if the facility appeals a cited deficiency?**
- A. No, confidentiality must always be maintained
 - B. Yes, if the deficiency is based on the interview information
 - C. Only if the interviewee agrees to it
 - D. Yes, but only after a certain period
- 10. What does 'resident-centered' imply in LTC surveys?**
- A. The focus is solely on health outcomes
 - B. Survey practices are designed around individual resident needs
 - C. It prioritizes facility efficiency over resident preference
 - D. It emphasizes compliance with regulations

Answers

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1. C
2. A
3. B
4. A
5. C
6. B
7. B
8. C
9. B
10. B

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Explanations

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1. What percentage of weight loss in six months is considered severe?

- A. Greater than 5%
- B. Greater than 7.5%
- C. Greater than 10%**
- D. 5% to 10%

A weight loss of greater than 10% over a six-month period is considered severe because it indicates a significant and potentially concerning change in an individual's body weight. This level of weight loss can be associated with various health problems, such as malnutrition, medical conditions, or psychological issues. It may also suggest that the individual is not maintaining adequate caloric intake or experiencing excessive energy expenditure. Monitoring weight loss is crucial in both clinical and personal health contexts, and a loss greater than 10% often necessitates further evaluation and intervention by healthcare professionals to ensure that there are no underlying health concerns contributing to this significant change. In contrast, weight loss percentages below this threshold, such as 5% or 7.5%, might still be notable but are generally seen as less alarming and may not require the same level of intervention or concern. Weight loss between 5% to 10% falls into a gray area where it can be significant but not necessarily indicative of severe health risks.

2. Should ABHS be used in food service?

- A. No**
- B. Yes
- C. Only in specific areas
- D. Only if approved by management

The choice of indicating that Alcohol-Based Hand Sanitizers (ABHS) should not be used in food service aligns with food safety protocols and hygiene standards. While ABHS can be effective in killing certain types of germs on hands, they do not remove physical dirt, grease, or food particles, which are prevalent in a food service environment. This is crucial because food safety regulations require that hands be thoroughly washed with soap and water to effectively remove contaminants that could lead to foodborne illnesses. Furthermore, the effectiveness of ABHS diminishes when hands are visibly dirty or greasy, posing a risk in situations where hygienic practices are essential. Additionally, reliance on hand sanitizers may instill a false sense of security among food service workers, leading to less frequent washing of hands with soap and water, which is the recommended practice for maintaining proper hygiene in food handling. In many food service guidelines, the emphasis on using traditional handwashing methods over hand sanitizers underscores the importance of physical cleaning in ensuring that hands are free of harmful pathogens before handling food. Therefore, the stance that ABHS should not be used in food service environments is supported by food safety guidelines emphasizing thorough hand hygiene practices.

3. What is the survey process based on?

- A. Evidence-based practices and community feedback
- B. Person-centered care and resident-centered outcomes**
- C. Hospital protocols and health regulations
- D. Operational efficiency and hospital ratings

The survey process in healthcare is fundamentally centered on person-centered care and resident-centered outcomes. This approach emphasizes the importance of considering the individual needs, preferences, and values of patients or residents when delivering care. It prioritizes the patient's experience and outcomes, ensuring that their voices are part of the decision-making process. In this context, the survey process examines how well healthcare providers are meeting these person-centered standards, assessing not just the clinical outcomes, but also the quality of the care environment and overall satisfaction of the patients or residents. By aligning the survey process with resident-centered outcomes, it aims to hold healthcare facilities accountable for the quality of care they provide, ensuring that it is tailored to the individuals they serve rather than taking a one-size-fits-all approach. The other options involve important aspects of healthcare but do not directly capture the core intention of the survey process as effectively as the emphasis on person-centered care and outcomes. For example, evidence-based practices and community feedback are central to improving care quality but do not specifically address individual resident needs in the same way. Hospital protocols and health regulations focus more on compliance and standards rather than personal care aspects. Lastly, operational efficiency and hospital ratings are significant for measuring performance but ultimately rely on the foundational elements of care that

4. How do you calculate the medication error rate?

- A. Number of errors / opportunities X 100**
- B. Total number of doses given / number of errors X 100
- C. Number of correct doses / total doses X 100
- D. Number of patients served / number of errors X 100

To calculate the medication error rate, the most appropriate method is to assess the frequency of errors in relation to the opportunities for error to occur. This is effectively done by dividing the number of medication errors by the total opportunities for errors and then multiplying by 100 to convert it into a percentage. This calculation gives you a clear understanding of the proportion of errors in relation to the total tasks or chances that could yield an error. Using this method allows healthcare professionals to evaluate their practices and identify areas for improvement. It provides a clear metric for measuring the quality of medication administration and safety standards within a healthcare environment. The other options do not effectively measure the rate of errors in a meaningful way within the context of medication administration. For example, calculating the total number of doses given divided by the number of errors does not provide insight into the error rate; instead, it could yield misleading information. Similarly, measuring the number of correct doses or the number of patients served against errors does not correlate directly to the error rate, failing to reflect how frequently errors occur relative to opportunities.

5. Who does Medicaid primarily provide services for?

- A. Low-income students and their families
- B. Elderly individuals only
- C. Low-income, needy elders and specific vulnerable groups**
- D. Unemployed individuals seeking job training

Medicaid primarily provides services for low-income, needy elders and specific vulnerable groups because its design focuses on assisting those who are financially limited and may require additional health care resources. This includes not only elderly individuals but also low-income families, children, pregnant women, and individuals with disabilities. The program aims to deliver comprehensive healthcare services to the most vulnerable populations who meet specific eligibility criteria, ensuring they have access to necessary medical care regardless of their financial situation. This broad-ranging focus on various needy groups sets Medicaid apart from programs that cater solely to specific demographics, such as the elderly alone or unemployed individuals seeking job training, which are not the main objectives of Medicaid.

6. What does severity level 2 indicate in terms of noncompliance?

- A. Minor issues that do not impact residents
- B. Noncompliance that can cause more than minimal harm but is not immediate jeopardy**
- C. Severe violations that lead to immediate resident harm
- D. Noncompliance that only affects staff performance

Severity level 2 indicates noncompliance that can lead to more than minimal harm but does not constitute immediate jeopardy. This level signifies a situation that, while not posing an immediate threat to resident safety, can still have significant repercussions if not addressed. It highlights a need for corrective action to prevent further complications and protect the well-being of residents. This understanding is critical as it sets a framework for prioritizing and addressing compliance issues in a structured manner, ensuring that potential risks are managed effectively. The severity of noncompliance is classified to help organizations differentiate between various levels of concern and to implement appropriate responses. By recognizing the implications associated with severity level 2, stakeholders can take proactive steps to mitigate potential harm before it escalates into more severe issues.

7. What areas are reviewed for residents who are non-interviewable?

- A. Advanced directives, medical history, therapy needs
- B. Pressure ulcers, dialysis, infections**
- C. Medication management, family contact, socialization
- D. Pain management, mental health, caregiver support

The selection of pressure ulcers, dialysis, and infections as the areas reviewed for residents who are non-interviewable aligns with critical aspects of patient care that require immediate assessment and monitoring, especially when direct communication with the resident isn't possible. Pressure ulcers are a significant indicator of the quality of care and patients' overall health status, necessitating a thorough review even if the individual cannot provide input. Dialysis is crucial for patients with renal issues, and its management needs careful oversight to prevent complications. Infections represent urgent health concerns that can arise without warning and can have severe consequences for non-interviewable residents; therefore, understanding their prevalence and management status is vital in ensuring optimal health care. By focusing on these three areas, healthcare providers can ensure that they are addressing the most pressing medical issues affecting residents who cannot communicate their needs. This allows for better care planning and prioritization of interventions that are critical to maintaining health and preventing further decline.

8. What principle emphasizes the importance of plain language in documentation?

- A. Cross-referencing
- B. Interpretive guidelines
- C. Using plain language**
- D. Onsite correction of findings

The emphasis on using plain language in documentation is crucial for ensuring clarity and understanding among a diverse audience. Plain language reduces ambiguities and makes technical information more accessible to individuals who may not have specialized knowledge in a particular field. This practice helps to convey information clearly, thus minimizing the risk of misinterpretation and ensuring that the intended message is communicated effectively. In contexts such as surveys or technical documentation, the use of jargon or overly complex language can create barriers to effective communication. By prioritizing plain language, documents are more user-friendly, aiding in comprehension and engagement. This principle aligns with best practices in documentation, aiming to enhance the reader's experience and promote better decision-making based on the information provided.

9. Can the identity of an interviewee be revealed if the facility appeals a cited deficiency?

- A. No, confidentiality must always be maintained
- B. Yes, if the deficiency is based on the interview information**
- C. Only if the interviewee agrees to it
- D. Yes, but only after a certain period

The identity of an interviewee can be revealed if the facility appeals a cited deficiency, particularly when the deficiency is directly tied to the information provided during the interview. In this context, the rationale is that when the appeal process occurs, the specifics of the deficiency, including the evidence or information gathered from interviews, become part of the review process. If the cited deficiency was substantiated by the interviewee's statements, revealing the identity can help the facility address the concerns raised and clarify matters during the appeal. Additionally, maintaining confidentiality is crucial; however, in circumstances where the integrity of the appeal is at stake, such as when the deficiency hinges on the interview details, the balance between confidentiality and transparency may shift. The regulatory framework often allows for this clarification to ensure that due process is upheld and that the facility has a fair opportunity to contest the cited deficiency.

10. What does 'resident-centered' imply in LTC surveys?

- A. The focus is solely on health outcomes
- B. Survey practices are designed around individual resident needs**
- C. It prioritizes facility efficiency over resident preference
- D. It emphasizes compliance with regulations

'Resident-centered' in long-term care (LTC) surveys signifies that the survey practices are tailored to meet the individual needs and preferences of each resident. This approach recognizes that each resident has unique preferences, backgrounds, and healthcare needs, which should guide how care is delivered within the facility. By adopting a resident-centered framework, surveys evaluate not just compliance with standards but also how well the facility is accommodating and responding to the specific desires and requirements of its residents. This emphasis ensures that the care is more personalized, which can enhance the quality of life and overall satisfaction of residents in long-term care settings. The importance of this approach is underscored by the understanding that health outcomes are better when residents are engaged in care decisions and their preferences are respected. Thus, being resident-centered ultimately leads to better care practices and improved experiences for individuals in these facilities.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

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We wish you the very best on your exam journey. You've got this!

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